



Parks and Recreation Department City of Bellingham

Community Garden Plot Registration

The City of Bellingham maintains three Community Gardens in Bellingham:

Fairhaven Garden
10th & Wilson Ave

FCGcommittee@gmail.com

Sven Hoyt Garden (formerly Happy Valley)
32nd St, between
Taylor Ave & Donovan Ave

hvcgcommittee@gmail.com

Lakeway Garden
Lakeway Drive &
Woburn Street

parks@cob.org

You can register for a plot by filling out the registration paperwork and bringing it with payment to the office, or sending by US mail to:

Parks and Recreation Department
210 Lottie Street
Bellingham, WA 98225

All three gardens are open year-round. Garden plots are approximately 10' x 20' or 200 square feet. Plot registration is \$40 per plot per calendar year. Returning gardeners may register for the same plots each November. New gardeners are encouraged to visit the Community Garden site, evaluate plots and speak with the Community Garden Committee to answer any questions before open registration in January.

Name _____ Date _____

Address _____

City _____ Zip _____

Phone (home) _____ (work) _____

Email Address: _____

Garden

(Plot Maximum's effective 2021 – gardeners that currently hold more plots than the new maximum will be grandfathered in)

<input type="checkbox"/> Fairhaven Garden (1 plot maximum)	Returning Gardener Plot # 1: _____	Yes / No
<input type="checkbox"/> Sven Hoyt Garden (3 plot maximum)	Returning Gardener Plot # 1: _____ Plot # 2: _____	Yes / No Plot # 3: _____
<input type="checkbox"/> Lakeway Garden (4 plot maximum)	Returning Gardener Plot # 1: _____ Plot # 2: _____	Yes / No Plot # 3: _____ Plot # 4: _____

Main Office
210 Lottie Street
Bellingham, WA 98225
Phone: (360) 778-7000
Fax: (360) 778-7001
Email: parks@cob.org
www.cob.org/parks

Operations
1400 Woburn Street
Bellingham, WA 98229
Phone: (360) 778-7100
Fax: (360) 778-7101
Email: parks@cob.org
www.cob.org/parks

Arne Hannah Aquatic Center
1114 Potter Street
Bellingham, WA 98229
Phone: (360) 778-7665
Fax: (360) 778-7062
Email: aquatics@cob.org
www.cob.org/ahac

Bayview Cemetery
1420 Woburn Street
Bellingham, WA 98229
Phone: (360) 778-7150
Fax: (360) 778-7151
Email: bayview@cob.org
www.cob.org/bayview

Please fill out information below and submit with payment to complete Community Garden Registration.

- I have read the Community Garden Rules and understand that failure to meet the guidelines may result in loss of program fee and gardening privileges.
- I agree to volunteer 5 hours and will submit my volunteer log to the garden committee by October 15. I am interested in:
 - ___ Site maintenance
 - ___ Path maintenance
 - ___ Fall cleanup
 - ___ Composting
 - ___ Garden information sharing
- I am interested in serving on the Community Garden Committee ____ Yes ____ No
- I/We will not hold the City of Bellingham, its agents, employees and volunteers, or anyone otherwise involved in City of Bellingham Parks' programs for which I am participating responsible for any accident or injury that might occur, negligence notwithstanding. I therefore hold the City of Bellingham and its employees and agents harmless and release and waive all claims against the City of Bellingham and its employees and agents that arise from my/our volunteer activities. Further, I/we acknowledge that we are undertaking this activity voluntarily, assume all risks associated with participating in the Community Garden Program.
- I/We, realizing no insurance coverage is provided for the participant, will assume financial responsibility for any cost relating to any accident or injury that might occur while participating in above named program.
- I/We grant permission to the City of Bellingham and its sponsors to use photographs, motion pictures, personal data, recordings or any other record of this event for legitimate purposes.
- I/We grant permission to share contact information with the Garden Committee for garden communications.
- I/We understand that failure to comply with Community Garden Rules & Responsibilities may result in cancellation of program participation and garden plot reassignment.

Signature: _____ **Date:** _____

Emergency Contact: _____ **Phone:** _____